

# The living womb of the 16th century

Lesley Smith

## Historical background

The powerful Christian imagery of an archangel appearing to a young virgin and telling her she would bear fruit in her womb, despite her virginity, would have had a huge impact on all 16th century girls who learned their catechism. Daily prayers using the words “fruit of thy womb ...” were probably a young girl’s first introduction to the mysterious internal tabernacle that was capable of transforming her fortunes. For the poor, a new baby was another mouth to feed. For the richer girls of merchant class and above, a fruitful young woman able to bear strong boys brought forth many a financial saviour by the alliances by marriage those children could bring. Consequently, interest in the womb was great and theories of its function, both anatomical and mystical, abounded.

The classical principle of humoral medicine dominated most schools of thought. The ancient philosophers of Greece and Rome were considered the pinnacle of intellectual excellence, both in their understanding and practice of medicine. There were allowances in this philosophy for a number of differences between men and women, but predominantly the greatest difference was thought to be heat. Women, by nature, were considered moist, cold, lacking in courage and morally and physically weak. Men were the opposite, possessing great heat, dryness, courage and intellect; indeed, all the outward signs of their sex. Effeminate men were thought to be born with an unusually cold and wet humour, to their great disadvantage. All a matter of balance, the philosophers wrote, and the Tudor doctors accepted this premise without hesitation.

## Early anatomy

The female uterus and ovaries were considered analogous to the man’s testicles and penis. The man had his sexual organs outside the body because of his great heat, while the woman’s “hid” inside her cold dampness. Anatomists would argue in the 17th century about what the differences really were, but it seems the Tudors were content to accept this ancient idea, since at that time most doctors believed that medical thinking had reached its zenith and that there was little else of importance to discover.

Soranus presented the concept of a seven-chamber womb: three chambers for male children, three for females and one for hermaphrodites and miscarriages. This concept was dismissed as early as 1545 in the publication, *Birth of Mankind*. Hippocrates certainly promoted the idea of males lying on the right of the womb and females on the left. This proposition was believed for centuries, even into the 19th century, with non-medical oral tradition.

The most fascinating concept is the belief, which probably originated from Plato, that the womb was alive in itself. It was seen as a creature hungry to conceive: moody, and even spiteful, if conception did not take place. A common belief about male and female ejaculation in orgasm, known as the two-seed principle, made the living

womb idea even more attractive. The womb was thought to open and suck in semen, as well as have voluntary motion enabling it to move into the vagina to gather more semen. The pulsing movement known to occur during female orgasm adds credibility to this idea, since we now know from the use of internal cameras that the cervix does indeed “peck” at the semen.

Smells and heat were both thought to affect the uterus. It was thought to be capable of retreating of its own volition from bad smells: “it flies from everything foul ...” and equally it would move towards the sweet. Perhaps this is why in some cultures some women stood over scented smoke before entering the marital bed.

The uterus was also considered to be a drain from the body from which bad humours could be discharged. The root source of menstrual blood puzzled many, including Vesalius who wrote: “How this occurs and through what veins in particular?”. Veins and arteries of the female reproductive system, particularly the genitals, were thought to be large to allow the outpouring of blood, and the cervix discharged the voided female seed of joint ejaculation.

There was great confusion as doctors tentatively felt their way towards the truth following centuries of mistaken belief; right up until the 17th century ovaries were considered to be female testicles.

## “Women’s problems”

Stoppage or suffocation of the womb was said to cause loathing, drowsy, sore eyes, madness and heartache and was described as being virtually “epidemik” amongst virgins. Virgins were considered to be at great risk, as were “widowes” to a lesser degree, for their veins would not be so open at the neck of the womb.

Hysteria was well known and reported in the 17th century and could be aided by an “excellent hysterical plaster laid across the navel”.

The earlier 15th century condition referred to as “suffocation of the mother” was when the womb rose up from the usual place and put pressure on the heart and lungs, causing the patient to fall into a breathless swoon. Another serious consideration was that animal spirits might have entered the animal organs of the body and were being aggressive to the woman, causing distress and “franticle fits”.

Cold water thrown on the face could revive a fit, it was suggested, as could fumigation. One method popular at the time employed burnt frogs or warts from horses’ legs, which, once dried in an oven, could be pounded into a powder and burnt under a woman’s nose. Old urine was also popular for inhalation, whereupon women might be delivered of their fits, to the “admiration of bystanders”.

Prolapse treatments ranged from reduction by hand after softening with fat or oils, to replacing the prolapsed womb by means of a narrow padded pole. Pessaries were round, egg- or pyramid-shaped and some had a light rope attached, which enabled them to be pulled out and cleaned. Tampons of cloth, as a holding remedy, can be found in the 12th century compendium on women’s medicine, *The Trotula*.

Of all the medicines and physical surgery relating to the “living” womb, as a medical historian I have one personal favourite. More than one gynaecological authority wrote that a prolapsed womb might return if it was approached

*J Fam Plann Reprod Health Care* 2008; **34**(3): 197–198

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with a “hot iron” to frighten it. Alternatively, placing a mouse or “any other crawling vermin” between the woman’s thighs would result in the womb leaping away in fright and back into the body.

In April this year I spoke to the East Anglian Interest Group for Contraception and Sexual Health in Bury St Edmunds, a meeting that was attended by a number of doctors. On telling them about this method of replacing the uterus, I asked the audience if they felt in their opinion that it might work. They all agreed it very well might by means of a sudden contraction of the womb. So once again we find that our predecessors may well have used methods that to us sound repulsive and barbaric, however there is no doubt that even some of the most extraordinary healing methods may have worked.

### Future articles

The next article in this series will be on sexual imagery.

### Acknowledgements

The author would like to thank the following individuals for their help

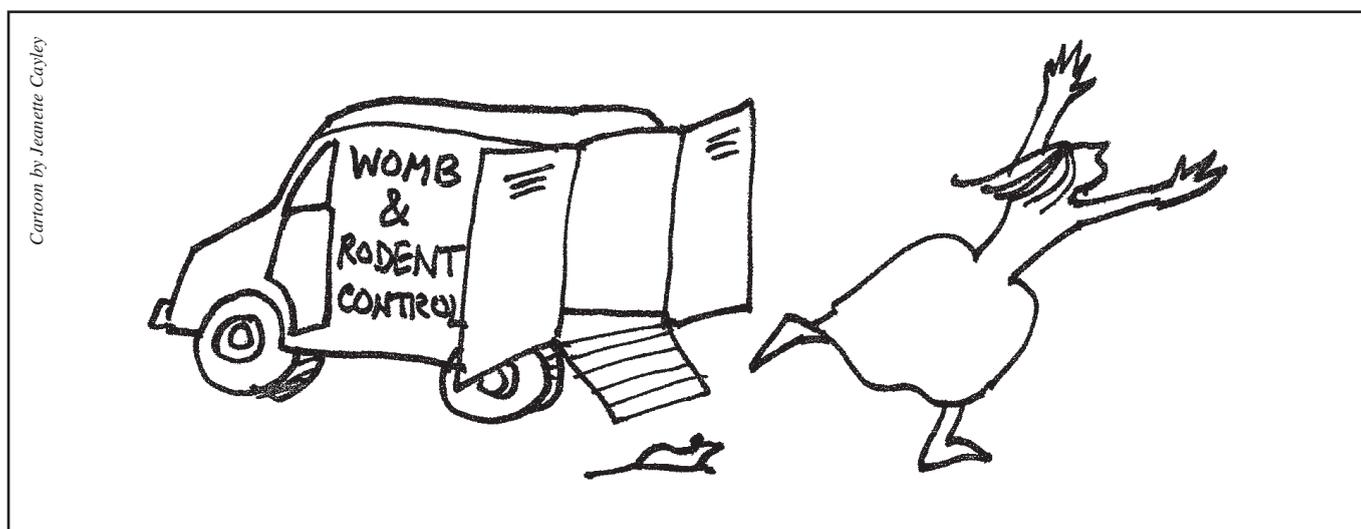
and advice: Professor R Arnott, Director of the Centre for the History of Medicine, University of Birmingham Medical School, Birmingham; Dr G Williams, British Museum, London; and the East Anglian Interest Group for Contraception and Sexual Health.

### Bibliography

- 1 Eccles, Audrey. *Obstetrics and Gynaecology in Tudor and Stuart England*. London, UK: Croom Helm, 1982.
- 2 *The Trotula: A Medieval Compendium of Women's Medicine*. Edited and translated by Monica H Green. Pennsylvania, PA: University of Pennsylvania Press, 2001.
- 3 Evenden, Doreen. *The Midwives of Seventeenth Century London*. Cambridge, UK: Cambridge University Press, 2000.

### About the Author

Lesley Smith is currently a postgraduate student in the Centre for the History of Medicine of the University of Birmingham, where she is developing a PhD in obstetrics and gynaecology in early modern Britain. She holds an Honorary Degree for “services to history”. She makes 200–300 public appearances a year and also works as a TV historian in the UK and abroad including North America. Lesley is also Curator of Tutbury Castle and is currently involved with a major research project with the British Museum, which is why she says it is taking her so long to finish her PhD! She is also a member of the Association of Medical Writers.



## NEWS ROUNDUP

### STARS Foundation Education Impact Award

The STARS Foundation Impact Awards support organisations committed to achieving excellence in the provision of services to disadvantaged children and encourage the replication of effective approaches and practices. Each Award provides US\$100 000 of unrestricted funding plus additional consultancy support tailored to meet the needs of the recipients. The winner of the 2007 Education Award is Student Partnership Worldwide (SPW) Tanzania for its work with young people to provide peer-to-peer sexual reproductive health education in remote rural communities.

As in most other parts of the world, it is the young who are most at risk from poverty, HIV/AIDS and other sexually transmitted diseases in Tanzania. As a result of this, the young are not perceived as part of a solution, rather that they are part of the problem. There are few examples of young people taking a proactive role in addressing the challenges they face.

SPW Tanzania’s approach is different. Its goal is to ensure that young people make responsible choices concerning their sexual reproductive health and have a lead role in the decision-making processes that affect their lives and their communities. All its work is led by young people through a youth-led volunteer model, which enables it to deliver full-time holistic sexual reproductive health programmes in the most remote rural communities. The programmes reach as many as 75 000 young people each year through volunteer peer educators who have been placed in rural schools. Working in these remote communities for up to 7 months, these educators provide sexual reproductive health education and life skills training. The programmes are delivered for an annual cost of only US \$9 per child and many of the volunteers go on to university and gainful employment as a result of their experience. For further information about the STARS Foundation and Impact Awards visit their website.

Source: [www.starsfoundation.org.uk](http://www.starsfoundation.org.uk)

### National PMS Week

Pre-menstrual tension or syndrome (PMS) affects over 23 million women in the UK alone. The National Association of Pre-menstrual Syndrome (NAPS) is the only independent charity in Europe that specialises in this specific area of women’s health. NAPS was founded in 1984, and during its 24-year history it has given help, advice and support to thousands of PMS sufferers.

National PMS Week, this year the week commencing 8 September 2008, will see the launch of the NAPS/PMS 7 Day Eating Plan written and researched by Nigel Denby, author, media nutritionist and NAPS Trustee. The Eating Plan is designed to help the millions of PMS sufferers reduce the severity of their PMS symptoms that causes anguish and misery to millions of women each month.

Source: [www.pms.org.uk](http://www.pms.org.uk)

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